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Mr. Chairman, members of the Committee, my name is Cliff Christian and I represent the American Heart Association and the American Stroke Association. We are here today to strongly support SB 64. It's the absolute right thing to do for Montana's approximate 2500 volunteer licensed emergency medical technicians (EMT) who service more than 48 of our 56 counties.

The mission of the American Heart and Stroke Associations is to reduce cardiovascular disease.

Today, cardiovascular disease is a leading cause of death among adults. We, estimate sudden cardiac arrest is responsible for about 250 000 out-of-hospital deaths annually in the United States. So, we have a strong interest in helping to improve any modifiable cardiovascular risk or healthcare systems targeted to reducing death and disability from cardiovascular disease.

Heart disease and stroke are the second and fourth leading causes of death here in Montana. The latest available heart and stroke statistics (2005 stats) show almost one-third of all deaths in Montana are attributable to cardiovascular disease. In fact, annually, CVD caused 2,538 deaths among Montanans, 1,842 deaths from heart disease, 521 deaths from stroke and 175 from other CVD (2005 stats). We don't know how many deaths were averted through early intervention by citizens using CPR or an available AED; and it's not possible to calculate how many more deaths would have been attributable to cardiovascular disease had it not been for the courageous actions of Montana's licensed emergency medical technicians intervening. Suffice it to say we could easily surpass 3,000 deaths annually without these interventions. But, we can do better.

62% (620,000) of our population lives in one of eight counties. The remaining 38% (380,000) live in rural and frontier Counties. Those who live in one of the eight have the services of full time, emergency medical technicians to quickly draw upon for health emergencies. The other 380,000 Montanans that live in rural areas and those travelling through, recreating, hunting or working in our rural frontier counties rely almost exclusively on a system of volunteer emergency medical technicians to help in a health crisis. According the Legislative Auditor's office there were 72,382 nine one-one (911) related EMS incidents in 2006: 43% of these calls

were in rural or Super-rural areas where the volunteer EMTs work. That means over 31,000 911 emergencies were responded to by Montana's volunteer EMTs. Just imagine the cost to the taxpayers if these calls had been answered by salaried EMT employees from the county or town where the incidents occurred? It would be enormous.

Webster's dictionary describes a hero as: "a person admired for his or her achievements and noble qualities; one who shows great courage."

- Like an emergency medical technician who revives a drowning victim.
- An EMT who prevents a person from freezing to death trapped in a winter storm.
- A licensed emergency medical technician who administers care to a child critically injured in an auto accident.

We believe all licensed EMTs meet Webster's definition of a hero. These are our neighbors, our co-workers, our friends and family members who serve. And, according to the Legislative Auditors, 53% of these licensed EMTs are volunteers in our Montana communities working with no salaries or benefits.

SB 64 will help Montana start to stabilize the base of approximately 2500 licensed volunteers working all across Montana. These Montana heroes work without pay or benefits of any kind. You'll see them on Thanksgiving, Christmas and other family holidays working an automobile accident, structural fires and home emergencies. They're the ones in the middle of the night transporting a heart attack victim from home to a hospital. That trip can sometimes be upwards of 100/200 miles roundtrip. The average age of a volunteer EMT is approaching 50; some are as old as a 72 (a female EMT in the Ryegate area) and 90 (a male EMT in central Montana). Volunteer EMTs currently serving Montana in our rural and frontier areas are aging and few recruits are taking their places. One reason for the lack of ready recruits is the need for two income families; another is the approximate 120 hours of classroom time necessary to obtain an EMT license; and another barrier is the personal commitment of time serving as an EMT once licensed; another obstacle is the amount of time necessary to raise community funds to operate the system (last year, one volunteer EMS held a bake sale to buy tires for the ambulance). Hopefully, the incentives in SB 64 will assist in retaining existing EMTs and the recruitment of new, younger, volunteers. It's a beginning. But we have a long way to go to begin the stabilization of EMS in 48 of our 56 Counties. One thing is for sure; if we lose our volunteer base of licensed EMTs, Montana will have two choices: One would be to hire people to do the job (about 2500 personnel). The second choice would be to go without any emergency medical services in parts of the State. The first difficult choice is financially prohibitive and the second is unthinkable – but unless we find incentives to recruit and retain a more stable base of volunteer EMTs here in Montana, both of these bad choices will occur. I sincerely hope Montanans are not forced into these Solomon like choices.